

MONTANA CHEMICAL DEPENDENCY CENTER POLICY AND PROCEDURE MANUAL

Policy Subject: Suicidal Patients	
Policy Number: CTP 17	Standards/Statutes: ARM 37.27.130
Effective Date: 01/01/02	Page 1 of 2

PURPOSE: To define the scope and the level of intervention with patients exhibiting suicidal ideation

POLICY: Patients exhibiting or expressing any level of suicidal thoughts or actions will be evaluated by Licensed Mental Health staff to determine the level of risk associated with the thoughts of behaviors and outline the most appropriate interventions needed.

I. PROCEDURE:

II. Definitions:

III. Risk Level: Mental Health staff may only make the determination of risk level of patients expressing suicidal ideation, utilizing established and accepted screening procedures for such evaluation, to establish low, moderate or high risk.

IV. Suicidal Ideation: Verbally expressed thoughts of harming oneself that may lack specific intent or associated actions and which are generally vague, passing thoughts related to poorly defined, circumstantial issues.

V. Suicidal Behavior: Actions that exhibit or reflect intent to harm oneself, which may include, but are not limited to: purposeful self-inflicted harm; giving things away; writing a note; writing a will; isolation; depression; often coupled with a specific intent and plan.

VI. Suicide Attempt: Specific actions that have the potential of lethality but did not become lethal due to an ineffective or interrupted process. This does not necessarily include those actions, which are superficial in nature and lack lethal potential.

VII. Para suicidal Behaviors: Includes both suicide attempts and self-injuries (including self-mutilation and self-inflicted burns) with little or no intent to cause death.

II. Actions:

a. Any staff member of the Montana Chemical Dependency Center who becomes aware of suicidal or parasuicidal behaviors of a patient are to contact an MCDC Mental Health Therapist in order that a risk

assessment be performed. Any concerns of risk by a staff member, regardless of the presence of a behavior, are to be assessed. This referral is to be documented in a progress note, identifying concern and reasons for concern.

- b. Patients identified as a concern for risk of suicidal behavior, will be assessed by a MCDC Mental Health Therapist. The therapist will determine if an evaluation by a member of the Crisis Response Team of Western Montana Mental Health Center is warranted. The use of the Suicide Risk Assessment Worksheet may be used to determine Low, Medium or High risk. Medium to High risk status patients will most likely be referred for further evaluation. If there is an immediate concern for safety the patient may be escorted by police to the St. James Hospital Emergency Room for a Western Montana Mental Health Center Crisis Response therapist's evaluation. The evaluation is to determine appropriateness of and referral if necessary to a higher level of care, e.g. Emergency Detention at Montana State Hospital, Gilder House for Crisis Stabilization, or other psychiatric facility.
 - a. Those times when a mental health therapist is not on shift, the Mental Health Clinical Services Supervisor or an MCDC Mental Health Therapist is to be contacted. If unable to reach a mental health staff, the charge nurse will make the determination as to whether a call a Crisis Response Therapist by contacting Gilder House in Butte, Mt. At 723-7104.
 - b. The Mental Health Clinical Supervisor, Chemical Dependency Clinical Supervisor and Nursing Supervisor are to be notified as soon as possible of any level of suicidal ideation or intervention.
 - c. Patients who have initiated a suicide attempt will be provided with emergency medical intervention, as may be appropriate, while 911 are being called and Emergency Medical Services summoned to take the patient to the St. James Hospital Emergency Room.
 - d. Patients who exhibit any suicidal risk level will have a specific plan developed by Mental Health staff that outlines procedures to be followed by and communicated to Charge Nurse while the patient continues treatment within the facility.
 - e. The utilization of No Harm Contracts for patients who are expressing suicidal ideation will be implemented immediately upon the realization of ideation being present.
 - f. For patients with a history of self abuse (cutting, burning, scratching), it is important to treat the incident calmly and pursue the medical intervention necessitated by the injury. Patients should be directed to wear clothing that covers any bandages.
 - g. If a patient barricades themselves in a room, MCDC staff is to gain entry to the room in order to ensure continued safety.

- h. On a rare occasion, we may have to implement a one-to-one while the patient awaits transportation to an alternate or higher level of care. This means a staff person will remain in the room with the patient at all times until they are discharged and escorted from the facility.
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